

Ways to Register

- Mail: **Montgomery County Recreation Department,
Attn: Sports,
4010 Randolph Road,
Silver Spring, MD 20902**
- Fax: 240-777-6915 (payment by VISA or MasterCard)

Payment Information

- 1 Full payment must be made at time of registration.
- 2 Any teams with more than half of their team living out of the county must pay the non-resident (NR) fee.
- 3 Make checks and money orders payable to MCRD. Checks and money orders must include name, address, home and work telephone numbers, driver's license number, and participant's full name. VISA or MasterCard payments are accepted. Registration form must include correct credit card number, expiration date, authorized signature, and authorized amount.
- 4 The Department of Recreation reserves the right to pursue all available options to collect any funds owed as a result of a dishonored check or credit card, charges incurred due to unsubstantiated credit card disputes, or any outstanding debt.

If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling 800-666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.

Withdrawal Policy

Any team that drops from the league after the schedule has been completed or due to league violations shall forfeit their entire franchise fee.

Mail your written withdrawal request to Montgomery County Recreation Department, Attention: Refund Request, 4010 Randolph Road, Silver Spring, MD 20902; or fax to 240-777-6915; or email to rec.refund@montgomerycountymd.gov. This request must include the team's name, payer's name, address, phone number, course number, reason for withdrawal. All credits will be posted to your Recreation Department account unless a refund is specifically requested. All refunds will be issued to the payer in the same form (check or charge) as the payment was received. Refunds will be processed within 2-3 weeks of receipt of your written request.

ADA Information

Montgomery County Department of Recreation is committed to compliance with the Americans with Disabilities Act (ADA). Please call a Therapeutic Recreation Specialist @240-777-4925V /240-777-6974 TTY to request accommodations no later than two weeks prior to the activity.



Team Registration Form

☐ Check here if new address/phone/email. **Please print.** This form may be duplicated.

MANAGER: Name _____ Email _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____

ASSIST. MANAGER: Name _____ Email _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____

Team Name	League	Category	Division	Day	Level	Course #	Fees*

Team Name/Record: _____

Special Request: _____

PAYER/SPONSOR: Name _____ Signature on check _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____

☐ Check or Money Order payable to MCRD, Attn: Sports, 4010 Randolph Road, Silver Spring, MD 20902.

Total Amount Due: \$

☐ Master Card ☐ Visa Card No. _____ Expiration Date _____

CARDHOLDER: Name (print) _____ Signature _____ Date _____

If paying by credit card, you may **fax** your registration form to **240-777-6915**. If you need help completing this form, please call 240-777-6961.

*Registrations will not be accepted without payment.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program. I agree to abide by all department rules and regulations.

Participant or Parent/Guardian Signature _____ Date _____